

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825176

**Entity Name:** ERDMAN HEALTHCARE FACILITIES COMPANY

**Current Principal Place of Business:**

ONE ERDMAN PLACE  
MADISON, WI 53717

**Current Mailing Address:**

ONE ERDMAN PLACE  
MADISON, WI 53717 US

**FEI Number:** 20-0511364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CPT  
Name HAPP, BRIAN  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title VPE  
Name HOFFMAN, ANDREW R  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title SR VP A&E  
Name PRATT, ROBERT  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title VP OF E  
Name METEYER, MICHAEL  
Address 1 ERDMAN PL  
City-State-Zip: MADISON WI 53717

Title VP OF E  
Name WILDE, RANDY  
Address 1 ERDMAN PL  
City-State-Zip: MADISON WI 53717

Title SECRETARY  
Name BRONK, TROY  
Address 700 N WATER ST.,  
City-State-Zip: MILWAUKEE WI 53202

Title PRESIDENT  
Name BECKER, RUSTIN  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUSTIN BECKER

**PRESIDENT**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date